

City of Scottsdale Leave of Absence Notification

Name: _____ **Employee Number:** _____
Address: _____ **Home Phone:** _____
_____ **Department:** _____
Supervisor: _____ **Supervisor Phone:** _____

Regular Work Schedule:

Week 1	Su	M	T	W	Th	F	Sa
Hours							
Week 2	Su	M	T	W	Th	F	Sa
Hours							

Leave to Start: _____ **Leave to End:** _____

Are you enrolled in the City's Short Term Disability Plan? Yes ☐ No ☐

Reason For Leave:

- ☐ Vacation
- ☐ Educational (Please refer to HR Brief #49)
- ☐ Medical Leave (Please refer to AG #343 to determine eligibility and requirements.)
- ☐ Because of the birth of my child.
- ☐ Because of the placement of a child with me for adoption or foster care.
- ☐ In order to care for my ☐ spouse, ☐ child, or ☐ parent, who has a serious health condition.
- ☐ For a serious health condition for myself.
- ☐ Military Leave (Please refer to HR Brief #48)
- ☐ Other _____

In my absence I have made the following designee or coverage arrangements:

Webtime:

Leave Designation	Vacation	Medical Leave	Personal Leave	City Family Medical
Hours				Unpaid (Short Term Disability)

Please discuss any leave designation with your supervisor or timekeeper.
All medical leave (even accruals) need to be used prior to Short Term Disability being paid.

Any changes to this request must be completed on a new "Leave of Absence" form.

Employee Signature: _____ Date: _____
Supervisor Signature: _____ Date: _____
Human Resources Signature: _____ Date: _____

Note: You may be required to use paid vacation, personal leave, sick leave or unpaid leave as part of your leave of absence. Please check with your Human Resource representative and Payroll to understand all the terms of your leave of absence.

FOR HR USE ONLY: Date of Hire: _____ FMLA Hours: _____ FMLA Eligible: Yes No